

Congress of the United States
Washington, DC 20515

September 9, 2016

The Honorable Robert A. McDonald
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary McDonald,

We are writing as members of the Doctors Caucus to follow up on our prior conversation from December 1, 2015, and our letter from February 12, 2016, to express our continued opposition to your agency's proposed changes to Veterans Health Administration (VHA) policies regarding Advanced Practice Registered Nurses (APRN).

At our December meeting, caucus members present understood that the Department of Veterans Affairs (VA) was not intending to expand the scope of practice for APRNs at the VA, and that we could expect changes to your proposal. With that understanding, we were disappointed to see the May 25, 2016 proposed rule to update VHA policies related to APRNs. The latest proposal creates four separate categories for APRNs, provides the criteria under which the VA may grant full practice authority to an APRN, and defines the scope of full practice authority for each category of APRN.

As Members of the House of Representatives who are also medical professionals, we feel any changes to expand the scope of practice for any APRN, whether a certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), clinical nurse specialist, or a certified nurse-midwife, without physician oversight, would only serve to reduce the quality of care being provided to our veterans in our nation's VA Medical Centers (VAMC).

Currently, fewer than half of the states nationally allow full scope of practice for APRNs¹, and the VA is considering granting full scope of practice across the board in contravention to the majority of current state laws. The proposed rule specifically reads:

“To continue to provide high quality health care to veterans, VA is proposing to amend its regulations to allow APRNs to practice to the full extent of their education, training, and certification **regardless of individual state restrictions** that limit such full practice authority...when such APRNs are acting within the scope of their VA employment.”
(Emphasis added.)

As medical professionals we believe the proposed rule would implement several misguided policies which would inhibit the delivery of the patient-centered care that is so critical to our

¹ <https://www.aanp.org/legislation-regulation/state-legislation/state-practice-environment>

nation's veterans. We are particularly concerned with two inclusions in the proposed rule: granting full practice authority to CRNAs and granting full practice authority to CNPs to order, perform, supervise, and interpret imaging studies.

With regard to the inclusion of CRNAs in the expansion of full practice authority, 66 of the VA health system's own chiefs of anesthesia have written in opposition to the proposed changes found in the May 25, 2016 proposed rule. While the VA refuted the proposed change in the scope of practice for CRNAs in a news release from May 29, 2016, as well as in a letter from Dr. Shulkin to the Doctors Caucus dated June 9, 2016, as medical professionals in Congress, we are opposed to any change in the scope of practice for CRNAs, as well as all other classifications of APRNs above and beyond individual state licensures.

Similarly, the comprehensive medical training radiologists undergo is critical to accurately interpret high-tech imaging exams, and safely account for radiation used in many scans. Missed diagnoses due to interpretation by less-qualified personnel can delay potentially life-saving treatment, lead to additional follow-up testing that is both costly and could expose the veteran to additional unnecessary radiation, and could cause significant delays to an already overburdened healthcare system at a time when it can least afford additional setbacks.

We believe the interests of veterans are best served by the preservation of VA's team-based policies and we expect the VA to refrain from trampling on states' rights by maintaining this team-based approach. **Accordingly, we request that the VA refrain from changing any scope of practice for all categories of APRNs given the unique nature of the patient population and veteran's medical needs.**

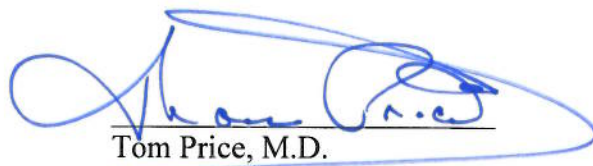
Having sacrificed so much for our country, our veterans deserve nothing but the highest quality of patient-focused care, and altering the current team approach will amount to reduced quality of care and potentially threaten the safety of our veterans. While APRNs are a critical component of team-based care, it is our belief that granting full scope of practice beyond what state licensing would allow is a misguided injustice to the health of our nation's veterans. The VA's proposed rule will likely result in additional negative outcomes at a time when the VA should be looking at ways to improve patient care, rather than simply looking at their bottom line.

The safety and health of American veterans is paramount, and we urge the VA to refrain from finalizing their proposed changes to the VHA policies and retain its current system of a team-based approach to care. We request a follow-up meeting to discuss this issue at your earliest convenience. Thank you for your attention to this matter.

Sincerely,



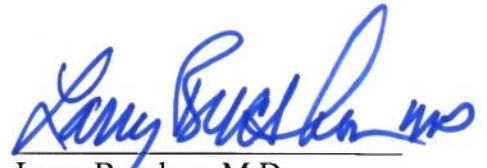
David P. Roe, M.D.
Member of Congress



Tom Price, M.D.
Member of Congress



Andy Harris, M.D.
Member of Congress



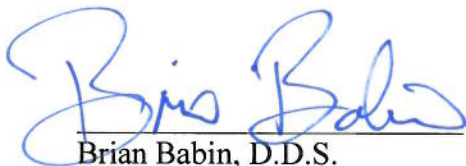
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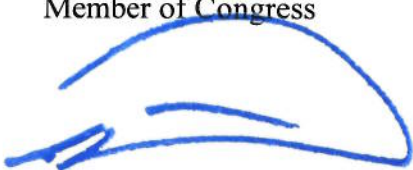
Joe Heck, D.O.
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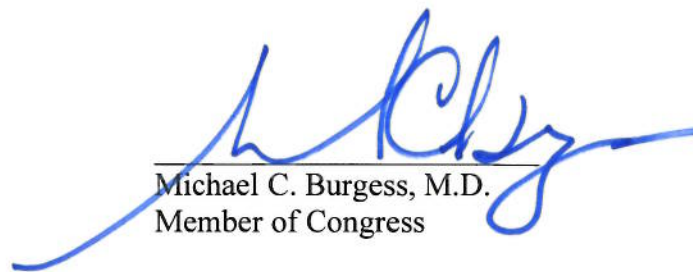
Dan Benishek, M.D.
Member of Congress



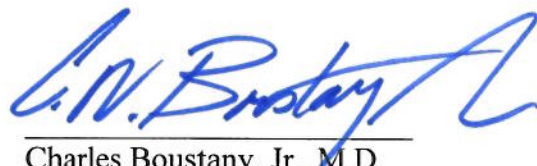
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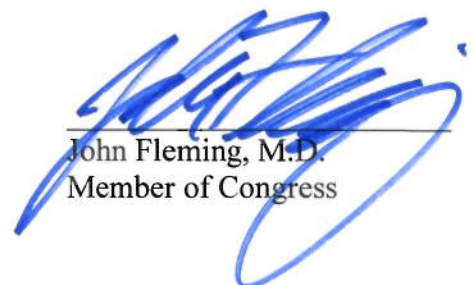
Scott DesJarlais, M.D.
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